CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS OF FEB -8 PM 5-54

(MIDDLE)

STATE

5. Verification

Signatu

ELLEN

THES COMMICOVER PAGE

10 APR -7 AMA Public Document

Please type or print in ink.	13) MIN / STATE
NAME (LAST)	(FIRST)
BASS	ELIZABETH
MAILING ADDRESS STREET	CITY
(Business Address Acceptable)	
	1 10 1 11 11
1. Office, Agency, or Cour	t
Name of Office, Agency, or Court:	
TUOLUMNE COUNTY	
Division, Board, District, if applicable	e:
BOARD OF SUPER	VISORS
Your Position:	
DISTRICT ONE REPI	
► If filing for multiple positions, list position(s): (Attach a separate TOOLUMIE COUNT Agency: ARPA 12 On A 5100	additional agency(ies)/
TOOLUFINE COUNTY 7	RANS FORTATION CHANGE
Agency: ARPA 12 on Agino	g; FIRST FIVE
Position: BOARD Mem BS	e R
FOSITION, LEGIT TO THE TOTAL T	
2. Jurisdiction of Office (c	theck at least one hov)
State	The at least one boxy
County of TUOLUMN	2
City of	
☐ Multi-County	
Other	
Other	
3. Type of Statement (Che	ck at least one box)
Assuming Office/Initial Dat	
Annual: The period covered is	January 1, 2009.
through December 31, 2009.	
-or-	99 99V 90
O The period covered is/. December 31, 2009.	/ through
Leaving Office Date Left: (Check one)	J
O The period covered is Januar date of leaving office.	ry 1, 2009, through the
-or-	
O The period covered is/. the date of leaving office.	, through

Candidate

Election Year: _

4.	Schedule Summary
-	Total number of pages including this cover page:
•	Check applicable schedules or "No reportable interests."
	I have disclosed interests on one or more of the attached schedules:
	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
	Schedule B Yes – schedule attached Real Property
	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
	Schedule D Yes – schedule attached Income – Gifts
	Schedule E Yes – schedule attached Income – Gifts – Travel Payments
	-or-
	No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

attached schedules is true and complete.

DAYTIME TELEPHONE NUMBER

OPTIONAL E-WAIL ADDRESS